

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			2/26/01
FORMALITY REVIEW	ST	1021	03-30-01
RESPONSE FORMALITY REVIEW	Zm	927	07/23/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	2/26/01
2	2/26/01
3	2/26/01
4	2/26/01
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49	2/26/01
50	2/26/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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